


JAN 25 2008


PATENT APPLICATION

FEE AUTHORIZATION / AMENDMENT TRANSMITTAL						Attorney's Docket No: A-451M	
Serial No. 09/211,297		Filing Date December 14, 1998		Examiner Szperka, Michael E.		Group Art Unit 1644	
In Re Application of William J. Boyle							
For ANTIBODIES TO OSTEOPROTEGERIN BINDING PROTEINS							
TO THE COMMISSIONER FOR PATENTS:							
<input checked="" type="checkbox"/> Applicant(s) request(s) the following extension of time under 37 CFR 1.136(a): <ul style="list-style-type: none"> <input type="checkbox"/> One month of original due date (\$120.00) <input type="checkbox"/> Two months of original due date (\$460.00) <input checked="" type="checkbox"/> Three months of original due date (\$1,050.00) <input type="checkbox"/> Four months of original due date (\$1,640.00) <input type="checkbox"/> Five months of original due date (\$2,230.00) 							
<input checked="" type="checkbox"/> A response in connection with the matter for which this extension is requested: <ul style="list-style-type: none"> <input checked="" type="checkbox"/> is filed herewith. <input type="checkbox"/> has been filed. <input type="checkbox"/> The response is the filing of a continuing application, the prior application having an express abandonment conditioned on the granting of a filing date to the continuing application. 							
<input type="checkbox"/> The accompanying papers include amended claims for which no additional fee is required.							
<input type="checkbox"/> The accompanying papers include amended claims the fee for which has been calculated as follows:							
CLAIMS AS AMENDED							
(1)	(2) Claims remaining After amendment	(3)	(4) Highest number Previously paid for	(5) No. of Extra claims present	(6) Rate	(7) Additional Fee	
Total Claims	11	Minus	42	= 0	x \$50	= \$ 0.00	
Indep. Claims	1	Minus	4	= 0	x \$210	= \$ 0.00	
<input type="checkbox"/> First Appearance of a multiple dependent claim					+ \$370	= \$ 0.00	
Total Additional Fee for this Amendment						\$ 0.00	
<p> * If the entry in column 2 is less than the entry in column 4, write "0" in column 5. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space. *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col 1. of a prior amendment or the number of claims originally filed. </p> <p> <input type="checkbox"/> The following other fees are incurred by the accompanying papers. <input type="checkbox"/> Other: _____ </p> <p> <input checked="" type="checkbox"/> Please charge Deposit Account No. 01-0519 in the name of Amgen Inc. in the amount of <u>\$1,050.00</u>. A duplicate copy of this petition is attached. </p> <p> <input checked="" type="checkbox"/> If an additional extension of time is required, please consider this a request therefore. </p> <p> <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees, which may be required by the accompanying papers, or credit any overpayment to Deposit Account No. 01-0519. </p>							
Please Send Future Correspondence To:							
21069 U.S. Patent Operations/[att'y's initials] Dept. 4300, M/S 28-2-C AMGEN INC. One Amgen Center Drive Thousand Oaks, California 91320-1799, USA				 Robert B. Winter Attorney/Agent for Applicant(s) Registration No.: 34,458 Phone: (805) 447-2425 Date: January 25, 2008			

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being facsimile transmitted to the United States Patent and Trademark Office on the date shown below:

January 25, 2008
DBH


Signature